

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A  
Page 22  
OMB NO.: 0938-

State: MICHIGAN

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a) /X/  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 9501

Superseded

TN No. 92-02

Approval Date 6/16/95

Effective Date 01/01/95

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

**OFFICIAL**

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(47)  
and 1920 of  
the Act

- \_\_\_\_ 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 92-14

Supersedes

TN No. 92-02

Approval Date 4-16-92

Effective Date 01-01-92

State/Territory: MICHIGAN

Citation

Groups Covered

**OFFICIAL**

B. Optional Groups Other Than the Medically Needy  
(Continued)

1906 of the  
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 1 months.

1902(a)(10)(F)  
and 1902(u)(1)  
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 91-30  
Supercedes  
TN No. N/A

Approval Date JUL 06 1992

Effective Date 10-01-91  
HCFA ID: 7982E

State: MICHIGAN

Agency\* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

MDSS

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

MDSS

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

MDSS

1902(a)(10)  
(C)(ii)(I)  
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 92-02

Supersedes

TN No. N/A

Approval Date 3-13-92

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**OFFICIAL**

State: MICHIGAN

Agency\* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

MDSS 1902(e)(4) of the Act 4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible \* and the child is a member of the woman's household.

MDSS 42 CFR 435.308 5. ☒ a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--  
☒ 21  
☐ 20  
☐ 19  
☐ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

☐ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

☐ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

☐ (a) In foster homes (and are under the age of \_\_\_\_).

☐ (b) In private institutions (and are under the age of \_\_\_\_).

\*or would remain eligible if she were pregnant

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State: MICHIGAN

Agency\* Citation(s) Groups Covered

**OFFICIAL**

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_\_).
- (3) Individuals in NFs (who are under the age of \_\_\_\_\_). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_\_).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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Agency\*      Citation(s)      Groups Covered

C. Optional Coverage of Medically Needy (Continued)

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|------|-------------------------------|-------------------------------------|---|
| MDSS | 42 CFR 435.310                | <input checked="" type="checkbox"/> | 6. Caretaker relatives.   |
| MDSS | 42 CFR 435.320<br>and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals.  |
| MDSS | 42 CFR 435.322<br>and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals.   |
| MDSS | 42 CFR 435.324<br>and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals.  |
|      | 42 CFR 435.326                | <input type="checkbox"/>            | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.  |
|      | 435.340                       |                                     | 11. Blind and disabled individuals who:<br>a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;<br>b. Were eligible as medically needy in December 1973 as blind or disabled; and<br>c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

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State: MICHIGAN

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy  
(Continued)

1906 of the  
Act

12. Individuals required to enroll in  
cost effective employer-based group  
health plans remain eligible for a minimum  
enrollment period of 1 months.

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